

Appendix B: Quality Improvement: Level of Care

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

- a. **Methods for Discovery: Level of Care Assurance/Sub-assurances.** The state demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating an applicant's/waiver participant's level of care consistent with level of care provided in a hospital, NF or ICF/IID.

i. **Sub-Assurances:**

- a. **Sub-Assurance:** An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure: The number of new waiver eligibility determinations completed by the disability services specialist within 2 weeks of receipt of all required information.

Data Source: DD Waiver Eligibility Determination worksheet

Responsible Party for data collection: State Medicaid Agency

Frequency of data collection: With each waiver eligibility determination

Sampling Approach: 100% Review

Data Aggregation and Analysis: State Medicaid Agency

Frequency of data aggregation and analysis: as determined by the DD QI Committee and/or Deputy Director

- b. Sub-Assurance:** The levels of care of enrolled participants are reevaluated at least annually or as specified in the approved waiver.

Performance Measure: Number and percent of waiver participants who have had an annual LOC re-determination within one year of their initial LOC evaluation and within 1 year of their last annual LOC evaluation.

Data Source: DD Waiver Eligibility Determination Worksheet
Responsible Party for data collection: State Medicaid Agency
Frequency of data collection: With each waiver LOC redetermination
Sampling Approach: 100% Review
Data Aggregation and Analysis: State Medicaid Agency
Frequency of data aggregation and analysis: as determined by the DD QI Committee and/or Deputy Director

- c. Sub-Assurance:** The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine the initial participant level of care.

Performance Measure: Of the total number of LOC determinations, the number of LOC redeterminations that were completed accurately according to the processes and instruments described in the approved waiver and according to the approved description to determine participant level of care.

Data Source: DD Waiver Eligibility Determination Worksheet
Responsible Party for data collection: State Medicaid Agency
Frequency of data collection: With each waiver eligibility determination
Sampling Approach: 100% Review
Data Aggregation and Analysis: State Medicaid Agency
Frequency of data aggregation and analysis: as determined by the DD QI Committee and/or Deputy Director

- ii.** If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

Annual redetermination of eligibility is completed for all (100%) waiver recipients. The annual review of LOC is a collaborative effort that includes a number of DD staff. DD service coordination staff ensure that required information is available to the DSS. Service Coordinators (SC), SC Supervisors, Disability Services Specialist (DSS), and DSS Supervisors use the following procedures and processes to ensure timely reevaluations of level of care: Tickler

methods, such as Excel spreadsheets and electronic alerts, and the processes that are components of internal operational guidelines and protocols.

The timeline for completion of the initial and annual waiver determination by the DSS is within ten business days of receipt of all required information. The waiver participant's SC notifies the DSS when all the information is available to the DSS. Annually, the DSS reviews the annual service plan, the Developmental Index (LOC assessment tool), verifies Medicaid eligibility, verifies the completion of a physical evaluation, and completes a Waiver Eligibility Determination worksheet on SharePoint.

Designated DD staff review each electronic waiver eligibility determination worksheet, as well as aggregate data to ascertain compliance with established timelines.

b. Methods for Remediation/Fixing Individual Problems

- i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods of problem correction. In addition, provide information on the methods used by the State to document these items.**

The state monitors level of care decisions and takes action to address inappropriate LOC determinations, which may include failure to determine eligibility, failure to determine eligibility within established timelines, inaccurate determinations, and missing or incomplete documentation. The state monitors the performance of the disability services specialists through self-measurement and look-behind reviews by their Supervisor. The following performance measurements are built into the SharePoint Waiver Eligibility Determination worksheet for each initial eligibility determination:

The DSS enters the date that all required information received.

The DSS enters the date that eligibility was determined.

The SharePoint system calculates the number of days between information received and eligibility determined.

The DSS enters YES or NO for Eligibility Review completed within 2 weeks of all information being received.

Designated DD staff review each electronic waiver eligibility determination worksheet and indicate whether the LOC determination was completed accurately. Aggregated data is evaluated to ascertain compliance with established timelines, for identification of technical assistance/training needs, and for identification of systems changes.

Monthly quality assurance reports are reviewed at the local level to ensure continued Medicaid and waiver eligibility for participants. The monthly quality assurance reports are generated by NFOCUS, Nebraska's electronic Medicaid eligibility system, and posted on an intra-agency website for access by DDD staff. Reports of annual physical evaluation dates are created from a contracted vendor web-based service system used for budgeting and case management utilized by DDD. DSSs, DD service coordinators, and SC Supervisors review applicable reports and take appropriate action as needed on individual cases. Examples of such action may be assisting the individual with recertification of Medicaid, scheduling an evaluation, creating and approving a service authorization to change or end services, determining waiver eligibility for new Medicaid recipients, etc.

ii. Remediation Data Aggregation
Responsible Party – State Medicaid Agency

Frequency of data aggregation and analysis – as determined by the DD QI Committee and/or Deputy Director

- c. **Timelines:** When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Level of Care that are currently non-operational. **No**